VACANCY NOTICE FOR OPPORTUNITIES IN RHODE ISLAND STATE GOVERNMENT

	TITLE OF POSITION: <u>E - 911 TELECOMMUNICATOR</u>		CLASSIFICATION CODE:		00426800	
Description of Position		7 29164-32503	REFERENCE POSITION NO.:		2085-10000-0108	
	Department or Agency Name	EXECUTIVE	APPLICATION PERI	OD:	7/8/03 - 7/17/03	
	Division/Section/Unit E-9-1-1					
	Assignment(s) / Comments	TRIAL PERIOD OF 60 DAYS, FOLLOWED BY			2201/1251/05	
	Shift and Days: Varying 8 h	r shifts - 1st 130 Days	Job Location:	NORTH	PROVIDENCE	
	Restrictions/Limitations: Then assigned to one of three shifts. Add'l Hrs as Required. Qualified prior applicants are invited to re-apply					
	sition Covered By Collective Bargaining Union Agreement After 60 Day Trial period YES X					
	Name of Bargaining Unit Union:	LIUNA LOCAL 808	0.	A/D I	Dath for Coasific Instructions	
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	* NOTE: If there is a list, only laterals (employees with the same title) or individuals certified by OPA may be appointed to this position. INSTRUCTIONS:					
General Information to Candidate	A. STATE EMPLOYEE LATERAL BIDDER: Bids are now being accepted for the position(s) indicated. If you are currently in this classification and wish to bid, please complete fully the CS-14 Application Form; and RIEEO 378 Affirmative Action Card. Remember to include, either on the application or within a cover letter, both the File Position Title and Number.					
	Most Important - Please include the following information:					
	■ The title of the position for which you are applying ■ Name of department where you are currently employed				nployed	
	■ Title of your present position and date you entered it ■ Your business telephone number					
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	 Date you entered State service Present Union Affiliations In certain agencies, bargaining union applicants will receive preferential consideration according to contract. 					
	B. NON INCUMBENT/NON STATE EMPLOYEE APPLICANT:					
	If indicated above that <u>no civil service</u> list exists for this position, you need not be in the class of position, or be in State service to apply. All information					
	requested on the application form must be furnished. The information you give will be used by the agency Personnel Office to determine your qualifications. If					
	an item does not apply to you, or if there is no information to be given, write in the letters "N.A." for Not Applicable. If you fail to answer all the questions on the application form, you may delay consideration of your application.					
	C. AMERICANS WITH DISABILITIES ACT (ADA) PROVISIONS:					
	Reasonable Accommodations:					
	If an applicant is unable to perform any essential job functions because of his/her disability but can achieve the required results by means of a REASONABLE ACCOMMODATION, then the individual shall not be considered unqualified for therefore the position.					
	Medical Information:					
	Any medical exams required for this position will be performed after a conditional offer of employment has been made in accordance with the Rules/Regulations of the Americans with Disabilities Act (ADA).					
	DUTIES / RESPONSIBILITIES:					
ent of ies	OPERATES TELECOMMUNICATIONS COMPUTER CONSOLE TO PROCESS EMERGENCY CALLS. DETERMINES					
	CALLER'S NEEDS, VALIDATES INFORMATION, AND TRANSFERS CALLS TO APPROPRIATE AGENCY (POLICE, FIRE,					
Stateme Dutie	MEDICAL OR OTHER). RECORDS DATABASE DISCREPANCIES AND KEEPS OTHER CALL RECORDS. PROVIDES LIMITED MEDICAL INFORMATION, IF NECESSARY.					
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	FDUCATION / EXPERIEN	CE / SPECIAL REQUIREN	/FNTS:			
Minimum Education & Experience	(A class specification describing the duties of the position and the minimum qualifications will be furnished upon request.)					
	EDUCATION: HIGH SCHOOL DIPLOMA OR GED CERTIFICATE. COMPUTER FAMILIARITY REQUIRED. PREFERRED					
ıum Educat Experience	EXPERIENCE: TWO (2) YEARS' EXPERIENCE IN A CALL-HEAVY PUBLIC SAFETY ENVIRONMENT OR OTHER CALL-					
rie i	HEAVY TELECOMMUNICATIONS ENVIRONMENT. APPLICANTS MUST BE RESIDENTS OF RI AND BE WILLING TO					
m çpe	SATISFACTORILY SUBMIT TO OR COMPLETE THE FOLLOWING PRE-EMPLOYMENT REQUIREMENTS: 1. MEDICAL					
E Û	EXAMINATION 2. PSYCHOLOGICAL SCREENING 3. BACKGROUND CHECK 4. WRITTEN EXAMINATION 5. CPR CERTIFICATION AND RETRAINING ANNUALLY. * HOURS VARY DURING TRAINING PERIOD.					
l ini	CERTIFICATION AND REPORTED AND PART DOUBLE HARMAN FERIOD.					
Where to Apply	Apply within the application period as shown on this announcement. NOTE: Some State union contracts allow a 3 day grace period for receipt of CS-14					
	application or bid. This Office does not assume responsibility for applications sent through the mail. SEND RESUME or CS-14 Application to:					
	RAYMOND LABELLE		Telephone #: 35	4-0911	TO THE STATE OF TH	
	EMERGENCY 9-1-1	ı	Fax #: 35	4-0933	<u> </u>	
	1951 SMITH STREET		·	4-0911		
	NORTH PROVIDENCE, RI (02911 (Telecommunication Devi	ce for the De	eaf)	